

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: <u>080217</u></p>	<p>B. Received by <i>Printed Name</i> <input type="checkbox"/> Date of Delivery</p>
<p>Voiceware Systems Corporation 5850 South Military Trail, #45 Lake Worth FL 33463-6973</p> <p><u>PSC-08-0830-CO-II</u></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p><u>7006 0810 0002 3488 1378</u></p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

DOCUMENT NUMBER-DATE
11963 DEC 31 8
FPSC-COMMISSION CLERK